

## Application Data Sheet

### **Application Information**

Application Type:: Regular  
Subject Matter:: Utility  
Suggested Group Art Unit:: N/A  
CD-ROM or CD-R?:: None  
Sequence submission?:: None  
Computer Readable Form (CRF)?:: No  
Title:: FLUID INJECTION APPARATUS WITH  
IMPROVED CONTRAST VISUALIZATION  
Attorney Docket Number:: 29985/01-0401  
Request for Early Publication?:: No  
Request for Non-Publication?:: No  
Total Drawing Sheets:: 3  
Small Entity?:: No  
Petition included?:: No  
Secrecy Order in Parent Appl.?:: No

### **Applicant Information**

Applicant Authority Type: Inventor  
Primary Citizenship Country: US  
Status: Full Capacity  
Given Name: Colin  
Middle Name: P.  
Family Name: Hart  
City of Residence: Queensbury  
State or Province of Residence: NY  
Country of Residence: US  
Street of mailing address: 21 Fox Hollow Lane  
City of mailing address: Queensbury  
State or Province of mailing address: NY  
Postal or Zip Code of mailing address: 12804-1143

Applicant Authority Type: Inventor  
Primary Citizenship Country: US  
Status: Full Capacity  
Given Name: Valerie  
Middle Name: M.  
Family Name: Castora  
City of Residence: Fort Ann  
State or Province of Residence: NY  
Country of Residence: US  
Street of mailing address: 38 Outatha Way  
City of mailing address: Fort Ann  
State or Province of mailing address: NY  
Postal or Zip Code of mailing address: 12827

#### **Correspondence Information**

Correspondence Customer Number: 04743

#### **Representative Information**

Representative Customer Number: 04743

#### **Domestic Priority Information**

Application:	Continuity Type:	Parent Application:	Parent Filing Date:
This Application	Continuation of	09/797,473	03/01/01

#### **Assignee Information**

Assignee name: SCIMED LIFE SYSTEMS, INC.  
Street of mailing address: One Scimed Place  
City of mailing address: Maple Grove  
State or Province of mailing address: MN  
Postal or Zip Code of mailing address: 55311-1566